
State: District of Columbia **Filing Company:** The Continental Insurance Company
TOI/Sub-TOI: 17.0 Other Liability-Occ/Claims Made/17.0020 Commercial Umbrella and Excess
Product Name: CNA Paramount Umbrella
Project Name/Number: /

Filing at a Glance

Company: The Continental Insurance Company
Product Name: CNA Paramount Umbrella
State: District of Columbia
TOI: 17.0 Other Liability-Occ/Claims Made
Sub-TOI: 17.0020 Commercial Umbrella and Excess
Filing Type: Form
Date Submitted: 05/02/2018
SERFF Tr Num: CNAB-131484201
SERFF Status: Closed-APPROVED
State Tr Num:
State Status:
Co Tr Num: 18-01662-F

Effective Date: 07/01/2018
Requested (New):
Effective Date: 07/01/2018
Requested (Renewal):
Author(s): Jodi Woods
Reviewer(s): Carmen Belen (primary)
Disposition Date: 05/03/2018
Disposition Status: APPROVED
Effective Date (New): 07/01/2018
Effective Date (Renewal): 07/01/2018

State: District of Columbia **Filing Company:** The Continental Insurance Company
TOI/Sub-TOI: 17.0 Other Liability-Occ/Claims Made/17.0020 Commercial Umbrella and Excess
Product Name: CNA Paramount Umbrella
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/03/2018
State Status Changed: Deemer Date:
Created By: Jodi Woods Submitted By: Jodi Woods
Corresponding Filing Tracking Number:

Filing Description:

The Continental Insurance Company submits CNA91735XX (04-2018) - SEXUAL ABUSE OR MOLESTATION PER CLAIMANT- RETAINED AMOUNT ENDORSEMENT WITH SUBLIMIT to be used with the CNA Paramount Excess and Umbrella Liability Policy – Form No: CNA75504XX (03-15) which was approved in CNAB-130027328.

Company and Contact

Filing Contact Information

Jodi Woods, Regulatory Filings Technician Jodi.Woods@cna.com
333 S. Wabash Ave. 312-822-5448 [Phone]
Chicago, IL 60604

Filing Company Information

The Continental Insurance Company	CoCode: 35289	State of Domicile:
333 South Wabash	Group Code: 218	Pennsylvania
37th Floor	Group Name: CNA Insurance Companies	Company Type: Property and Casualty
Chicago, IL 60604	FEIN Number: 13-5010440	State ID Number:
(312) 822-4292 ext. [Phone]		

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:	CNAB-131484201	State Tracking #:		Company Tracking #:	18-01662-F
State:	District of Columbia	Filing Company:	The Continental Insurance Company		
TOI/Sub-TOI:	17.0 Other Liability-Occ/Claims Made/17.0020 Commercial Umbrella and Excess				
Product Name:	CNA Paramount Umbrella				
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Carmen Belen	05/03/2018	05/03/2018

State:	District of Columbia	Filing Company:	The Continental Insurance Company
TOI/Sub-TOI:	17.0 Other Liability-Occ/Claims Made/17.0020 Commercial Umbrella and Excess		
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Disposition

Disposition Date: 05/03/2018
Effective Date (New): 07/01/2018
Effective Date (Renewal): 07/01/2018
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certificate	APPROVED	Yes
Supporting Document	Consulting Authorization	APPROVED	Yes
Supporting Document	Copy of Trust Agreement	APPROVED	Yes
Supporting Document	Expedited SERFF Filing Transmittal Form	APPROVED	Yes
Supporting Document	form memorandum	APPROVED	Yes
Form	SEXUAL ABUSE OR MOLESTATION PER CLAIMANT - RETAINED AMOUNT ENDORSEMENT WITH SUBLIMIT	APPROVED	Yes

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	APPROVED 05/03/2018	SEXUAL ABUSE OR MOLESTATION PER CLAIMANT - RETAINED AMOUNT ENDORSEMENT WITH SUBLIMIT	CNA91735XX	(04-2018)	END	New			CNA91735XX (04-2018).pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other



SEXUAL ABUSE OR MOLESTATION PER CLAIMANT - RETAINED AMOUNT ENDORSEMENT WITH SUBLIMIT

This endorsement modifies insurance provided under the following:

PARAMOUNT EXCESS AND UMBRELLA LIABILITY POLICY

SEXUAL ABUSE OR MOLESTATION SCHEDULE

SEXUAL ABUSE OR MOLESTATION SUBLIMIT	\$	<<Each Incident amount>>	Each Incident
	\$	<<Aggregate amount>>	Aggregate

It is understood and agreed as follows:

- I. Under Exclusions, the section entitled Coverage A - Excess Follow Form Liability Exclusions is amended to add the following exclusion:

With respect to Coverage A - Excess Follow Form Liability, this insurance does not apply to:

Any actual or alleged liability arising out of **sexual abuse or molestation**.

- II. Solely with respect to any **claims** of **sexual abuse or molestation**, under the section entitled DEFINITIONS, the definition of **retained amount** is deleted in its entirety and replaced with the following:

Retained amount means the self-insured retention of **\$SelfInsuredRetention** or the amount payable by **other insurance**, whichever is greater.

- A. The **retained amount** is the most the **Insured** must pay for the total of all **damages** that would be covered by this policy had such **damages** exceeded the **retained amount**. The **Insured's** payment of **retained amounts** towards any judgement or settlement reduces the amount of **retained amount** available for subsequent judgements or settlements involving the same claimant for **claims** of **sexual abuse or molestation** committed during the **policy period**. The **retained amount** shall apply on a per claimant basis.
- B. The **Insured** may use **other insurance** to satisfy any portion of the **retained amount**. However, no portion of the **retained amount** may be satisfied by:
1. payment of **damages** that would not be covered by this Policy if they exceeded the **retained amount**; or
 2. anyone's payment of costs in the defense or appeal of any **suit** or investigation of any **claim** involving **sexual abuse or molestation**.
- C. To the extent **underlying insurance** covers **damages** attributable to any **sexual abuse or molestation**, and such **damages** are subject to a **sub limit**, then such payments will count toward satisfaction of the **retained amount**. In such an instance, provisions i.(b)(2) and i.(c) of the COVERAGES, Coverage B - Umbrella Liability section do not apply, but all provisions of the section entitled NO DUTY TO DEFEND apply, as amended by this endorsement.

- III. Solely with respect to any **claims** of **sexual abuse or molestation**, the section entitled DEFENSE COSTS PAYMENT AND RELATED DUITES is deleted in its entirety and replaced with the following:

NO DUTY TO DEFEND

Form No: CNA91735XX (04-2018)
Endorsement Effective Date: [TEFFDAT]
Endorsement No: [ENDSEQNUM] ; Page: a of b
Underwriting Company: UWCOMP, UWADDR1 UWADDR2, UWCITY, UWSTATE UWZIP

Policy No: POLSYM POLNUM
Policy Effective Date: PTEFFDAT
Policy Page: x of y



The Insurer shall have no duty to investigate, handle, settle or defend any **claim** or proceeding against the **Insured**. However, the Insurer has the right and shall be given the opportunity by the **Insured** to associate with the **Insured** in the investigation, settlement or defense of any **claim** or proceeding which might involve a loss to the Insurer. If the Insurer exercises such right, the Insurer will do so at its own expense, and the **Insured** shall promptly cooperate with the Insurer in all aspects of investigation, settlement and defense.

IV. For purposes of this endorsement only, if a limit appears in the **sexual abuse or molestation** schedule above, the section entitled LIMITS OF INSURANCE is amended as follows:

1. Paragraph B. Aggregate Limit is deleted and replaced by the following:

Subject to the Each **Incident** limit, the limit of insurance shown in the Sexual Abuse or Molestation Schedule as the Aggregate limit is the most that the Insurer will pay as **damages** for **sexual abuse or molestation claims**. Any payments made for an **Incident** for a **sexual abuse or molestation claim** shall serve to reduce the Aggregate Limit of the policy.

2. Paragraph E. Each **Incident** is deleted and replaced by the following:

Subject to the Aggregate Limit, the limit of insurance shown in the Sexual Abuse or Molestation Schedule as the Each **Incident** limit is the most the Insurer will pay for the sum of all **damages** arising out of any one **incident** for a **sexual abuse or molestation claim**.

Nothing herein shall serve to increase the limits of insurance shown in the Declarations of this Policy.

V. The DEFINITIONS section is amended by the addition of the following new definition:

Sexual Abuse or Molestation means an act of sexual abuse or molestation, whether or not intentional, of any person. Sexual abuse or molestation includes grooming or other acts or omissions in conjunction with, anticipation of, or in preparation for any sexual abuse or molestation.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy.

State:	District of Columbia	Filing Company:	The Continental Insurance Company
TOI/Sub-TOI:	17.0 Other Liability-Occ/Claims Made/17.0020 Commercial Umbrella and Excess		
Product Name:	CNA Paramount Umbrella		
Project Name/Number:	/		

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	n/a
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/03/2018

Bypassed - Item:	Consulting Authorization
Bypass Reason:	n/a
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/03/2018

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	n/a
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/03/2018

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	n/a
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/03/2018

Satisfied - Item:	form memorandum
Comments:	
Attachment(s):	COUNTRY-WIDE-FFM FORM FILING MEMORANDUM-COVER LETTER - 18-01662-F.pdf
Item Status:	APPROVED
Status Date:	05/03/2018



Forms Index/Filing Memorandum

THE CONTINENTAL INSURANCE COMPANY

PARAMOUNT EXCESS AND UMBRELLA LIABILITY POLICY- Forms Filing

CNA FILING ID: 18-01662-F

The Continental Insurance Company has on file with your department its Paramount Excess and Umbrella Liability Program. The Company hereby submits for your review and approval the attached Sexual Abuse or Molestation Per Claimant- Retained Amount Endorsement with Sublimit-CNA91735XX (4-2018) to be used with the CNA Paramount Excess and Umbrella Liability policy form No. CNA75504XX (03-15).

Please note that this endorsement is new and optional with no premium bearing. Also, please review the attached form for further details regarding the submission of this new endorsement.

CURRENT FORM NO.	NEW/REVISED	DESCRIPTION	OPTIONAL/ MANDATORY	USED WITH POLICY FORM	RATE IMPACT
CNA91735XX 04-2018	<i>New</i>	SEXUAL ABUSE OR MOLESTATION PER CLAIMANT- RETAINED AMOUNT ENDORSEMENT WITH SUBLIMIT <i>This new endorsement amends the policy exclusions by adding a new exclusion.</i> <i>Per claimant abuse or molestation retention with optional sublimit.</i>	<i>Optional</i>	CNA-75504-XX (3-15)	<i>No</i>